

**EDGECOMBE COUNTY HEALTH DEPARTMENT  
APPLICATION FOR WELL PERMIT**

DATE RECEIVED \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_

TAX PARCEL I.D. NO: \_\_\_\_\_

1. REQUESTED BY: \_\_\_\_\_  
Name Relationship to Owner

Requester's Mailing Address Phone

2. \_\_\_\_\_  
Name of Current Owner Mailing Address of Owner

3. DIRECTIONS TO PROPERTY: \_\_\_\_\_

4. PERMIT REQUESTED FOR: House  Mobile Home  Commercial  Other

5. Does the site contain any existing wastewater systems?  Yes  No

If yes, where are they located? \_\_\_\_\_

6. GIVE PROPERTY DIMENSIONS: (to nearest foot)

Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

RETURN APPLICATION TO: Edgecombe Co. Health Dept.  
Environmental Health Division  
2909 Main Street  
Tarboro, NC 27886  
Phone: (252) 641-7573, Fax: (252) 823-2077

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

\_\_\_\_\_  
Property owner's or owner's legal representative\*\* signature (required)

\_\_\_\_\_  
Date